

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-009338

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

2762

STATE FILE NUMBER

FILED MAR 14 1963

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

St. Louis

Length of stay in 1b

3 Wks.

## 2. USUAL RESIDENCE (Where deceased lived: If institution: Residence before

a. STATE Mo. b. COUNTY St. Louis admission)

c. CITY  
OR  
TOWN Richmond Heights

Inside Limits

Yes ☐ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

Bernard Nursing Home

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

7215 Dale Ave.

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)First  
JOSEPHINE

Middle

Last  
SAUER4. DATE  
OF  
DEATH

Month

Day

Year

March 8, 1963

## 5. SEX

Female

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

6-20-1879

## 9. AGE (last birthday)

83

## IF UNDER 1 YEAR

Months 8 Days 16

## IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)

housewife

## 10b. KIND OF BUSINESS OR INDUSTRY

\*\*\*\*\*

## 11. BIRTHPLACE (City and state or country)

Pittsburgh Pa.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Jacob Mueller

## 13b. MOTHER'S MAIDEN NAME

Marie Krill

## 14. NAME OF HUSBAND OR WIFE

William Sauer

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Dr. Dean Sauer 7820 Carondelet

18. CAUSE OF DEATH (Enter only one cause  
PART I. DEATH WAS CAUSED BY

## IMMEDIATE CAUSE (a)

Cerebral Thrombosis

INTERVAL BETWEEN  
ONSET AND DEATH

36 hours

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

Senility

## DUE TO (c)

332\*

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT SUICIDE HOMICIDE

☐☐☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

## 21. I attended the deceased from

1950

to 1963

and last saw her alive on 3/8/63

## Death occurred at

3:25

A

m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Dean Sauer

M.D.

## 22b. ADDRESS

7820 Carondelet St. Louis

## 22c. DATE SIGNED

3/8/63

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

## 23b. DATE

Mar. 11, 1963

## 23c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

## 23d. LOCATION (City, town, or county)

St. Louis

Mo.

## 24. FUNERAL DIRECTOR

ADDRESS

A. H. Bocklage 6536 Clayton Rd.

## 25. DATE RECD. BY LOCAL REG.

MAR 9 1963

## 26. REGISTRAR'S SIGNATURE

Dean Smith M.D.

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

USE BLACK INK  
OR  
TYPEWRITER RIBBONVS 300  
Rev. 4/59

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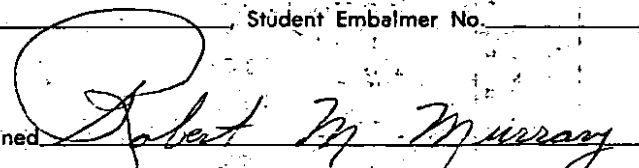
**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed



Licensed Embalmer No. 3749

P. O. Address St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.